

JUN 29 2006

PTO/SB/83 (01-08)

Approved for use through 12/31/2008. OMB 0651-0036
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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/520,022
Filing Date	December 30, 2004
First Named Inventor	Morein
Art Unit	
Examiner Name	
Attorney Docket Number	67185-78227

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, ~~and~~

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number


NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Leaving the employ of Customer No. 26288

CORRESPONDENCE ADDRESS

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2. ☐ Change the correspondence address and direct all future correspondence to:
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Name	Olivia Tolan	Registration No.	45,161
Date	June 29, 2006	Telephone No.	

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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